

STATE OF KANSAS - PUBLIC EMPLOYEE RELATIONS BOARD - TOPEKA, KANSAS 66603-3182**PETITION**

FILED BY: ☐ Employer

☐ Employee Organization

☐ Employee(s)
(must be signed by five employees)

Do Not Write In This Space

CASE NO. _____

DATE FILED: _____

INSTRUCTIONS: File an **original and five copies** of this petition with the **Public Employee Relations Board, 401 SW Topeka Blvd., Topeka, Kansas 66603-3182 by Certified Mail.** Questions regarding this form may be directed to **(785) 368-6224**. If more space is required for any item, attach additional sheets, numbering item accordingly.

The Petitioner alleges that the following circumstances exist and requests that the Public Employee Relations Board proceed under its proper authority.

1. Purpose of this Petition (Check appropriate box)

- ☐ Unit Determination (UD)
- ☐ Unit Certification (UC)
- ☐ Unit Determination. and Certification (UDC)
- ☐ Unit Decertification (UDE)

2. Name and Address of Petitioner: _____
(Affiliation, if any)
Phone : _____

3. Name and Address of Employer: _____
Phone : _____

4. Employer Representative to Contact: _____
Phone : _____

5. Type of Establishment: _____

6. Description of unit alleged to be appropriate (be complete and specific, using job titles) :

INCLUDE :**EXCLUDE :**

6a. Number of employees in unit: _____

6b. If filing for Unit Certification or Decertification, is this Petition supported by 30% or more of the employees in the unit?

YES ☐ NO ☐ If **"YES"**, please attach signature petitions or authorization cards.

7. Is there agreement by all parties on the appropriate unit?

YES ☐ NO ☐

8. Give statement to the effect the governing body of the public employee is under the provisions of the Public Employer-Employee Relations Act either by virtue of the public employer being with the state or one of its agencies, or if not with the state or a state agency, that said public employer has elected to come under the provision of said Act, and include evidence to that effect.

9. Is there a work stoppage or picketing in progress at the establishment involved?

YES ☐ NO ☐ If **"YES"**, state date of work stoppage and number of employees involved

10. Has an appropriate unit been determined by the Public Employee Relations Board?

YES ☐ NO ☐ If **"YES"**, attach details of unit.

11. If Petitioner is representative in behalf of employee organization, is that representative duly licensed under the laws of the State of Kansas?

12. Name(s) of other persons or employee organizations, known to Petitioner, who claim to represent any employees, or other employee organizations known to have an interest in representing employees in the alleged appropriate unit.
(If none, so state)

NAME	ADDRESS	AFFILIATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Include a clear and concise statement of any other relevant facts:

14. If Petition for Unit Decertification is filed by public employees or employees organization, complete and attach Form PERB 002.

NOTE : **Any answer to this Petition is to be filed with the Public Employee Relations Board within twenty (20) days after receipt of said Petition. The Board will consider failure to answer Petition as an admission of the allegations of said Petition, particularly the Unit Determination.**

DECLARATION

I declare that I have read the petition and that the statements herein are true to the best of my knowledge and belief.

(Petitioner and Affiliation, if any)

By: _____
(Signature of representative or person filing petition & title, if any)

DATE: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

SEAL

(Notary Public)

My Commission Expires _____